

# **LYNCHBURG MULTIDISCIPLINARY TEAM**

**PROTOCOL FOR TEAM DEVELOPMENT,  
JOINT INVESTIGATIONS  
AND INTERVENTION**

## **MISSION STATEMENT**

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The Lynchburg Multidisciplinary Team exists to strengthen the coordinated community response to situations of child maltreatment, including sexual abuse, severe physical abuse, severe neglect and fatalities, by integrating the existing resources of law enforcement, child protection, prosecution, medical and therapeutic agencies so that perpetrators are held accountable for their actions and the children of our city are protected.

## TABLE OF CONTENTS

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Introduction.....	4
MDT Purpose, Composition and Function.....	5
Communication, Confidentiality and Information Sharing.....	6
Roles and Responsibilities.....	8
Case Initiation.....	10
Coordinated Response.....	13
Case Decision Making.....	16
Case Resolution.....	17
Team Meetings and Coordination.....	19
Training.....	20
MDT Planning Team.....	21

## Introduction

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The guidelines contained in this document are intended to assist member agencies of the Lynchburg Multidisciplinary Team while conducting joint child abuse investigations. This document reflects best practices and practices that are most effective for our community. Best practices and the needs of the community change over time and the protocol should stay current with those changes. All changes to the protocol are reviewed and approved by the planning team.

The protocol was established with the following goals:

- Provide a clear framework for planning and conducting an investigation;
- Ensure optimum coordination and maximum communication among participants, while maintaining role distinctions;
- Encourage understanding and respect for the different goals and responsibilities of participants, and avoid conflicts that may interfere with the efficiency, timeliness, and reliability of the investigation;
- Increase requisite skills through training, coordination, and critical review of action taken;
- Increase the overall reliability of the investigation;
- Protect the important interests of children and suspects; and
- Minimize the number of interviews of alleged victims.

## DEFINITION OF MULTIDISCIPLINARY TEAM PURPOSE, COMPOSITION AND FUNCTION

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The **purposes** of the Lynchburg Multi-Disciplinary Team (MDT) are:

1. To lessen 'system-inflicted' trauma to children and families involved in child abuse cases.
2. To improve agency decisions, accuracy of investigations and appropriateness of interventions.
3. To increase the efficient use of limited agency resources.
4. To develop fully trained, more capable professionals.
5. To increase respect in the community and lessen burnout among child abuse professionals.<sup>1</sup>

The **member agencies** of the MDT are:

1. Lynchburg Police Department Criminal Investigations and Field Operations
2. Lynchburg Division of Social Services Child Protective Services (CPS) Investigations
3. Lynchburg Office of the Commonwealth's Attorney
4. Lynchburg General Hospital Forensic Nurse Examiners
5. Sexual Assault Response Program/Crisis Line
6. Lynchburg Child Advocacy Center (in development)

The **Full Team** includes all staff of these agencies that are involved in the civil and criminal investigation and prosecution of child abuse, all staff who perform forensic medical exams and staff who provide therapeutic intervention and support services to victims of child sexual abuse or severe physical abuse. The Full Team includes police investigators, CPS investigators, forensic nurse examiners, prosecutors, victim support professionals and therapists.

The **Primary Investigative Team** is the team working on a specific case. The Primary Investigative Team would typically be comprised of a police investigator, a CPS investigator, a forensic nurse examiner, a prosecutor and a victim support professional. When a criminal investigation is being conducted concurrently with a CPS investigation, law enforcement is considered the lead agency of the joint investigation. Any independent action taken by an individual member of the Primary Investigative Team will be cleared with the other team members working on the joint investigation. Primary Investigative Teams vary from case to case

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<sup>1</sup> Adapted from Office of Juvenile Justice and Delinquency Prevention, *Forming a Multidisciplinary Team to Investigate Child Abuse*, U.S. Dept. of Justice, March 2000.

due to assignment rotation. Not every case will require the participation of all member agencies.

The **Multidisciplinary Team Coordinator** is a member of the team assigned or elected to perform certain duties as described below to ensure open and regular communication and active coordination of activities central to MDT functioning.

#### MULTIDISCIPLINARY TEAM CASES

The Lynchburg MDT handles the following types of cases that occur within the jurisdiction of the City of Lynchburg:

- Child sexual abuse
- Severe child physical abuse
- Criminal child endangerment
- Child fatality with suspicion of abuse and/or neglect

The Lynchburg MDT handles other child abuse/neglect cases if brought to the MDT by a member and/or may assist with:

- Kidnapping cases
- Interviewing a child witness to a crime
- Cases in which a neighboring jurisdiction requests assistance

## **CONFIDENTIALITY, COMMUNICATION AND INFORMATION SHARING**

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Routine sharing of information among team members is an important component of the MDT. There are two distinct times when information is shared: within the course of a specific investigation and for the purposes of case review.

Confidential information is shared within the Primary Investigative Team during the course of investigation and prosecution. Virginia Code authorizes the local department of social services to share confidential information with parties with legitimate interest, including, but not limited to the police, the Commonwealth's attorney and members of a multidisciplinary team. The CPS investigator will routinely ask the parent of a child to sign a release of information form during the initial contact. The form states that information provided to CPS may be exchanged with partner agencies participating in planning or service delivery efforts. If an alleged abuser has been charged with a criminal offense, the CPS investigator must advise the alleged abuser of their rights against self-incrimination for the information obtained to be admissible in criminal proceedings.

The CPS investigator must inform alleged abusers of their right to decline to be interviewed, their right to refuse the investigator entry into the home, and their right to audiotape the interview. When a joint investigation is being conducted with law enforcement, the law enforcement investigator can initiate the conversation with the alleged abuser and then the CPS investigator must inform the alleged abuser of their rights prior to a CPS interview.

Case information is also shared with all team members in the context of case review during an MDT meeting. All members of the MDT will agree to and sign the MDT Confidentiality Agreement. The signed forms will be kept on file and maintained by the MDT Coordinator.

Open and frequent communication between members of the Primary Investigative Team is crucial. Information obtained during the CPS investigation should be fully disclosed to law enforcement and the Commonwealth's attorney. The full disclosure of information includes evidence that supports and refutes the allegations and information about all contacts with victims, caretakers and collateral witnesses.

# ROLES AND RESPONSIBILITIES

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## **The Role of Law Enforcement**

The law enforcement officer generally:

1. responds to calls in an appropriate manner (that is, one commensurate with the urgency of the call), stabilizes the crime scene, and takes initial statements as appropriate;
2. performs criminal history record checks on alleged offenders;
3. collects and preserves physical evidence;
4. interviews child witnesses or victims in cooperation with CPS;
5. conducts photo lineups or live lineups to confirm the identification of perpetrators, if necessary;
6. interviews adult witnesses in cooperation with CPS;
7. interviews alleged perpetrators in cooperation with CPS;
8. takes suspect into custody, when and if appropriate;
9. presents criminal cases to obtain warrants, to grand juries, at preliminary hearings and in criminal court;
10. testifies in juvenile and domestic court, if necessary, to ensure the child's protection; and
11. can take an unsafe child into protective custody.

## **The Role of Child Protective Services**

The child protective services agency and worker:

1. accepts reports of abuse and neglect;
2. interviews alleged child victims in cooperation with law enforcement;
3. interviews siblings or other possible child witnesses in cooperation with law enforcement;
4. interviews non-offending parent(s) in cooperation with law enforcement;
5. interviews other adult witnesses and collateral contacts in cooperation with law enforcement;
6. interviews the alleged offender in cooperation with law enforcement;
7. arranges medical examination and psychological examination of child and parents, if needed;
8. performs risk assessment (an analytical process to assess the likelihood of future abuse);
9. plan to protect the child in his or her home or the home of a relative;
10. petitions the juvenile court for custody to place the child in foster care if imminent danger to child's life or health;
11. secures a foster home or other appropriate placement;
12. develops a case plan to meet the child's needs and reduce the risk of future abuse;
13. arranges community services to support the plan such as counseling or financial support for the mother if the offender has moved out of the home;



14. evaluates the service delivery process and the progress or lack of progress by the involved family member; and
15. testifies in court proceedings (juvenile and domestic and criminal court as well as grand juries if appropriate) and makes recommendations to the court about the long-term plan for permanence for the child.

### **The Role of the Prosecutor**

The prosecutor serves primarily in an advisory role, helping guide the field investigators until the case is ready for disposition. The prosecutor will:

1. actively participate in developing the overall investigative strategy;
2. assess the evidence collected to determine its potential utility in court;
3. assist in drafting search warrants;
4. participate in victim and suspect interviews when appropriate;
5. give guidance on legal issues;
6. determine appropriate charges and the best means of charging (arrest vs. grand jury);
7. negotiate bail or plea agreements and restrictions;
8. prepare witnesses for court; and
9. present the case at trial.

### **The Role of Medical Professionals**

The roles of the Forensic Nurse Examiners include:

1. performing forensic medical examinations;
2. interpreting medical findings to the team;
3. preparing a written report of the forensic medical exam;
4. recording the verbal statements made by the child during the examination (which may be allowed in court as a hearsay exception); and
5. preserving any physical evidence secured during the examination or any photographs taken of injuries.

### **The Role of Therapeutic Service Professionals**

The roles of the therapeutic professional include:

1. providing crisis intervention services to victims and families;
2. making treatment recommendations for children;
3. educating the team on child development and human behavior;
4. assisting in the interpretation of psychological information received by the team; and
5. conducting extended forensic evaluations of the child victim, if needed.<sup>2</sup>

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<sup>2</sup> Adapted from Pence, Donna & Wilson, Charles, *Team Investigation of Child Sexual Abuse: The Uneasy Alliance*, Sage Publications, 1994.

## CASE INITIATION

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Reports received by Lynchburg Police Department or Lynchburg CPS that meet the above criteria for MDT assignment will be met with an *immediate and coordinated joint response*. Pre-interview coordination and staffing will be attempted if time allows. *Child protective services must make an initial safety assessment of the victim child within 48 hours of receiving the report.* Procedures for initiation of a joint investigation vary slightly depending on where the initial report is received.

### LYNCHBURG POLICE DEPARTMENT

When the initial report of child abuse/neglect is received by Lynchburg Police Department, the Field Officer responds to the initial call and obtains minimal information to determine if a criminal investigation is needed. The field officer will also determine the immediate safety needs of the victim child. The field officer will contact the Field Operations supervisor who will assess the need to contact the supervisor for the Criminal Investigations Division (or the on-call supervisor if after hours). The Criminal Investigations supervisor will determine if an immediate response is necessary. If so, an Investigator will be immediately assigned to the case and instructed to respond accordingly. If an immediate response is not required, the case will be assigned to an Investigator as soon as practical. Once Investigations has accepted the case and assigned an investigator, the relationship of the alleged abuser to the victim child must be established to determine the involvement of child protective services.

If the alleged abuser does not meet the definition of a caretaker, child protective services is not mandated to complete an investigation. However, child protective services may be involved in a non-caretaker child abuse case when the investigation is being handled by the multidisciplinary team. A CPS investigator can be available to assist with interviewing a child or providing support to the criminal investigator in other ways.

Once the criminal investigator has determined that the alleged abuser serves in a caretaker role to the victim child or if the case will be handled as a multidisciplinary investigation, CPS should be contacted immediately.

During regular business hours, the criminal investigator shall contact CPS Intake or the CPS Supervisor for assignment of a CPS investigator.

Lynchburg DSS has a social worker on-call during night and weekend hours and holidays. The on-call social worker may not be a CPS investigator. CPS Investigators have volunteered to be contacted when an immediate joint investigation and/or consultation is needed during night and weekend hours and holidays for investigations that are handled by the multidisciplinary team. If the

criminal investigator determines that an investigation needs to be initiated immediately, the investigator will contact the CPS supervisor or one of the CPS investigators by using their home phone numbers or pager numbers listed on the green contact card.

#### CHILD PROTECTIVE SERVICES

When the initial report is received by child protective services, Intake will determine validity and assign to a CPS investigator. The CPS investigator is responsible for contacting criminal investigations by phoning the Crimes Against Persons Supervisor and faxing the initial report if the alleged incident occurred within the jurisdiction of the City of Lynchburg. The CPS investigator is also responsible to notify the Commonwealth's Attorney office of suspected child sexual and severe physical abuse and child fatalities. If a complaint is received during night or weekend hours or on a holiday, the CPS investigator will contact Lyn-Com and request contact with the on-call investigator.

#### FORENSIC NURSE EXAMINERS/HOSPITAL

When the victim child initially presents in the hospital or with the Forensic Nurse Examiners (FNE), the FNE will contact law enforcement and CPS per the process described below. A forensic interview that is conducted by CPS and/or law enforcement provides the FNE with the information she needs to proceed appropriately, minimizes the number of interviews, and may prevent an unnecessary medical exam. If law enforcement and CPS determine that a forensic interview will *not* be immediately conducted by either agency (safety is not an issue and the alleged incident occurred outside of one week's time and/or the child presents in a condition described below), this is communicated to the FNE by CPS and law enforcement and the FNE may proceed with the medical exam according to hospital policy. The FNE gathers pertinent information about the alleged abuse from the presenting caretaker. If the child is presenting with an injury or is in apparent pain, the FNE may question the child about the nature of the injury/pain in order to properly examine and treat the child. The FNE makes every effort to talk with the child prior to the medical exam to build rapport and increase the child's comfort level.

A child may present to the hospital in a condition that necessitates postponing the forensic interview. These conditions include excessive sleepiness, severe injury or illness, drug and/or alcohol consumption or any other condition that would lessen the child's ability to participate fully in the interview.

When an alleged sexual abuse or severe physical abuse victim initially presents to the FNE during **regular business hours**, the FNE will contact CPS intake or the CPS supervisor if the alleged abuser is a caretaker of the child. CPS is responsible for determining the immediacy of the response and for contacting law enforcement.

When an alleged sexual abuse or severe physical abuse victim initially presents to the FNE **outside of regular business hours**, the FNE will contact law enforcement immediately. The criminal investigator assigned will determine the immediacy of the response and will follow instructions on the green card for contacting a CPS investigator. When the alleged abuser is a caretaker of the victim and law enforcement has not contacted CPS, it is the FNE's responsibility to contact the on-call DSS social worker.

Immediate joint investigations are very important when a child presents with physical injuries that are severe and non-accidental. Child safety issues, immediate caretaker interviews and processing of physical evidence are of high priority.

Severe physical abuse includes, but is not limited to:

- Bone fractures
- Injuries consistent with Shaken Baby Syndrome
- Severe burns with *non-accidental characteristics*, including scald burns, immersion burns, splash burns and contact burns
- Severe bruising
- Drowning that appears non-accidental or neglectful
- Adult human bites
- Severe injuries inflicted by an instrument or weapon
- Abdominal internal injuries or any other internal injury that appears non-accidental
- Suffocation

When a non-accidental child fatality presents to the hospital, hospital staff or the FNE will contact law enforcement for immediate investigator assignment, then law enforcement will contact CPS for immediate investigator assignment by calling CPS intake or CPS supervisor during regular business hours and/or per instructions on the green card outside of regular business hours.

## COORDINATED RESPONSE

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There are cases when *all* team members (CPS, law enforcement, prosecution, medical and therapeutic) need notice of a referral and respond immediately, such as a child homicide. However, it is more common that only CPS and law enforcement, who conduct the field investigation, are provided immediate referral information.

Once an investigation is determined to be handled as a multidisciplinary team case and the criminal investigator and CPS investigator have been assigned, every effort will be made to coordinate the interview of the victim child in a child-sensitive manner and meet forensic interview protocol guidelines. Independent action (interviews, contact with alleged abusers, etc.) by the CPS investigator or the criminal investigator should be discussed and cleared by the primary investigative team and good cause must exist for such action.

### FORENSIC INTERVIEWS

The forensic interview is a research-based process conducted by a trained interviewer. The forensic interview is developmentally and linguistically appropriate, allows for the child's narrative recall of events and avoids leading and suggestive questioning. The goal of the forensic interview is to obtain a statement from the child, in a sensitive, unbiased and truth-seeking manner that will support accurate and fair decision-making in the criminal justice and child protection systems. All CPS investigators will be trained in forensic interviewing of children and should be the lead interviewer of the child unless factors suggest otherwise. The law enforcement investigator should be present during the interview or observe the interview. If the interview is being conducted at a location with observation facilities, one interviewer will interview while others involved observe the interview. Every attempt will be made to include the prosecutor to observe the forensic interview. Other interested parties, such as forensic nurse examiners, shall be allowed to observe the forensic interview. Observers should always be given the opportunity to have specific questions they have be asked of the child.

A forensic interview will be conducted for all alleged victims of sexual abuse, severe physical abuse and child witnesses to violent crime.

### INTERVIEW LOCATIONS

In an emergency situation, the interview may have to take place at the hospital, at school, at the home of the victim child, or another less-than-optimal locations. The first priority is always child safety and occasionally there will be times when interviewing at an ideal location is not possible.

A child-friendly interview room is available 24 hours a day at the West Building. The interview room is equipped with concealed video and audio recording

capability and child-sized furniture. A comfortable interview room with video and audio recording capability is also available at the DSS building. Prior to the implementation of the child advocacy center, every attempt will be made to coordinate the joint interview of the child at the West Building or DSS.

A child advocacy center is currently in development in Lynchburg and in the future will provide child-friendly interview rooms with recording technology, a comfortable waiting room, and meeting rooms for MDT trainings, meetings, reviews and consultations.

#### AUDIO/VIDEOTAPING OF INTERVIEWS

The practice of videotaping child interviews is an issue currently under review by the Lynchburg MDT and has not been established as regular and required practice. It is generally accepted that a video recording of the interview can decrease the number of child interviews, provides a valuable resource for documentation, and can be used for supervisor or peer review and training.

CPS is required to audiotape all victim interviews in an investigation unless the child refuses or it is in any other way not in the best interest of the child. If the team lead investigator (law enforcement) deems it inappropriate to audiotape the child, this requirement is waived.

#### ALLEGED ABUSER INTERVIEW

Just as CPS personnel receive specialized training in interviewing children, law enforcement investigators are trained in the interview and interrogation of suspects and are considered the lead interviewer. The CPS and other interested parties should observe the interview of the alleged abuser and be allowed the opportunity to have specific questions asked of the suspect. In most joint investigations, law enforcement is the lead interviewer of suspects and CPS is the lead interviewer of children. Flexibility of these roles is allowed in cases where a child is more comfortable with the law enforcement investigator or in any other situation where it would strengthen the investigation. The CPS investigator is required to make face-to-face contact with the alleged abuser and to provide the alleged abuser their rights in writing.

#### ORDER OF INTERVIEWS

The Primary Investigative Team will decide on a case-by-case basis in which order it will interview the child/children, alleged perpetrator, siblings, non-offending caretakers and other witnesses. Forensic interview protocol recommends interviewing in the following order:

1. Source of report (especially if source is non-offending caretaker)
2. Child victim(s)
3. Siblings or other child witnesses
4. Non-offending caretakers
5. Other witnesses/collaterals
6. Alleged perpetrator

#### FORENSIC MEDICAL EXAMINATIONS

Centra Health employs two full-time and one half-time Forensic Nurse Examiners (FNE) who are available 24 hours a day to examine children for physical or sexual abuse injuries. Forensic Nurse Examiners receive specialized training in addition to standard nursing education. They are trained in the identification of injuries, the distinction between accidental and non-accidental injuries, the distinction between normal and abnormal genitalia, evidence collection, interview techniques and court testimony.

When an alleged sexual abuse victim presents initially to CPS or law enforcement, the forensic interview is conducted by the CPS or law enforcement investigator. The child is referred for a forensic medical examination if sexual abuse is disclosed, *especially* if the alleged incident occurred within one week of the disclosure. The child must also be examined if there is strong suspicion of abuse and the child is not verbal due to young age or disability. A forensic medical exam can also be authorized when the investigative team believes an exam is in the best interest of the child and/or will increase the efficacy of the investigation.

#### CRIME SCENE PROCESSING

Law enforcement is responsible for processing crime scenes and obtaining search warrants. Although the child protective investigator is not involved in making search and seizure decisions, it is important that they understand the rules of procedure in this area in order to be alert to possible objects that should be listed in the search warrant and sought by law enforcement.

## CASE DECISION-MAKING

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When all information has been gathered, the primary investigative team needs to determine if there is evidence to substantiate that the child has been abused, who the abuser is and if there is substantial evidence to make a CPS finding and/or pursue criminal charges. The primary team will meet to review the evidence and apply credibility guidelines and standards of evidence. The substantiation process pulls all of the evidence together, including that which supports and refutes the allegation. The decision should be based on the following classes of evidence:

1. The child's statement
2. Statements of other witnesses including other children, non-offending caretakers, other professionals.
3. Medical findings
4. Physical and corroborating evidence
5. Behavioral indicators
6. Any relevant psychological information involving the child, family, or alleged perpetrator
7. The statement of the alleged perpetrator



## CASE RESOLUTION

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### CPS INTERVENTION

CPS may make a finding of child abuse based on the legal standard of preponderance of the evidence. The CPS investigator is required to make a disposition of founded or unfounded within 45-60 days from the initial complaint date. It is the responsibility of the CPS investigator to determine the immediate safety needs of the child and to plan with caretakers to ensure the continuing safety of the child. The written safety plan is a document that outlines what the caretaker needs to do to keep the child safe. The safety plan is signed by the CPS Investigator and one or both caretakers. The CPS investigator may also petition the Juvenile and Domestic Relations court for a protective order if high risk to the child exists (for example, asking the court to order no contact with the abuser). If there is evidence that establishes an immediate threat to the life or health of the child, which cannot be resolved through safety planning, the CPS investigator may petition the court for the emergency removal of the child from the home. When CPS petitions for a protective order or a removal order, a preponderance of the evidence must be presented so that the court makes a finding of abuse or neglect. The CPS investigator may refer the family to receive ongoing child protective services so that a social worker is assigned to help the family coordinate services that increase the protective factors to the child.

### LEGAL INTERVENTION

After considering the evidence during the decision-making stage, law enforcement and prosecution will decide if sufficient evidence exists to press criminal charges, make arrests, and prosecute the alleged offender in criminal court. The legal standard of probable cause is needed to file criminal charges. The evidentiary standard of beyond a reasonable doubt is required to successfully prosecute a criminal case.

Team members need to remain mindful of the different standards of evidence employed by each component of the team.

### VICTIM SUPPORT

Victim Witness services shall be provided to victim children and their families, which include court preparation, court accompaniment and crime victims' compensation. The Victim Witness program is funded under the Criminal Injuries Compensation Fund and is operated out of the Commonwealth's Attorneys Office. The Victim Witness program assists with victim and witness interviews, gives court tours and provides court orientation and makes referrals to counseling and other community services.

#### THERAPEUTIC INTERVENTION

Any child who discloses sexual abuse or who experiences or witnesses a traumatic event will be offered therapeutic services, regardless of their family's ability to pay. Therapeutic services include crisis mental health services and referrals to ongoing mental health evaluation and treatment.

Lynchburg's Sexual Assault Response Program will provide immediate crisis intervention services to victim children and non-offending caretakers when referred by a member of the MDT.

## MULTIDISCIPLINARY TEAM MEETINGS AND COORDINATION

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A full meeting of the MDT members occurs every two months. Meetings are used primarily for case review, but may also be used for training purposes and team-related discussion. Attendance at the meetings is very important for all team members. Attendance at the meetings is priority for members who will be reviewing an active case on the agenda.

The MDT Coordinator is responsible for the following:

- Scheduling of meeting date, time and location
- Communicating meeting information to members via email or telephone (including reminder emails one week prior to meeting)
- Creating meeting agenda with input from supervisors and team members; identifying active cases to be placed on agenda for review
- Circulating case roster 10 days prior to meeting for updates
- Updating information on case roster and printing current roster for members
- Facilitating meeting or assigning a facilitator
- Taking notes of meeting; preparing and distributing minutes of meeting via email
- Maintaining Case Roster, including the archive and current versions
- Requesting regular feedback from team members regarding team functioning, protocol, disputes and effectiveness of meetings
- Maintaining statistics of MDT cases and activities
- Assisting with securing alternate sources of funding for MDT training

### MDT PLANNING TEAM

A Planning Team comprised of representatives from all member agencies assisted in the development of this Protocol. The Planning Team will periodically review the protocol for relevance and effectiveness as needed and on an annual basis. The Planning Team meets every other month, alternating with full MDT meetings.

## TRAINING

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### FORENSIC INTERVIEWING OF CHILDREN

Each member of the MDT who is responsible for interviewing children (CPS, law enforcement and prosecution) will attend and successfully complete a forensic interviewing training course as funding allows.

### PEER REVIEW

MDT members may review videotaped interviews of children or transcripts of interviews for ongoing training purposes and interview evaluation.

### CONTINUING EDUCATION

MDT members will attend ongoing training, workshops and conferences relevant to child abuse investigation and prosecution as funding allows. Alternative funding sources and scholarships will be sought by the MDT to augment or replace agency training budgets.

### CROSS-DISCIPLINARY TRAINING

Understanding the different roles and functions of each member agency is crucial for members of the MDT. Members should constantly strive to educate each other on the various disciplines involved. Members should attend training provided for different disciplines as deemed appropriate by the team. For example, VISSTA conducts numerous courses on child protection and sexual abuse that can be attended by professionals in disciplines other than child welfare. Attending training in another discipline is for educational purposes only and does not necessarily mean the member can or will perform roles assigned to another discipline on the MDT.

## MDT PLANNING TEAM

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**Susan Clark**  
Program Director  
Lynchburg Victim Witness Program

**Nora Dunn**  
Assistant City Attorney  
City of Lynchburg

**Lt. Wayne Duff**  
Criminal Investigations  
Lynchburg Police Department

**Jerry Earnhardt**  
Executive Director  
Crisis Line of Central Virginia

**Virginia Huntington**  
CPS Supervisor  
Lynchburg Division of Social Services

**Mark Johnson**  
Director  
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**Cynthia Kirkland**  
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**Robert Moore**  
Criminal Investigations  
Lynchburg Police Department

**Donna Nash**  
Program Director  
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**Lisa Parks**  
CPS Investigator/MDT Coordinator  
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